

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:5645

ANSWERED ON:07.04.2017

Cataract Patients

Dwivedi Shri Harish

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of Cataract patients in the country, State/UT-wise including Uttar Pradesh;
- (b) whether the Government has fixed any target for surgeries for Cataract patients;
- (c) if so, the details thereof, State/UT-wise;
- (d) whether the Government has fixed any target to eradicate Cataract by 2022; and
- (e) if so, the details thereof?

Answer

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a): As per the National Survey 2006-07 conducted under the National Programme for Control of Blindness (NPCB) by the Ministry of Health and Family Welfare, there were around 12 million blind persons (Visual Acuity<6/60) including blindness due to Cataract in the Country. A statement showing estimated number of blind persons in the country, State/UT-wise, due to various eye diseases including Cataract is given at ANNEXURE-I.

(b) & (c): In the pattern of assistance approved by the Empowered Programme Committee (EPC) in the Ministry of Health and Family Welfare, a target of 330 lakh cataract surgeries with an annual target 66 lakh cataract surgeries was fixed under NPCB during the 12th Five Year Plan (2012-2017). A statement showing annual targets for cataract surgeries, State/UT-wise, in the year 2016-17 is given at ANNEXURE-II.

(d) & (e): Cataract is mainly an age related diseases, which can be controlled by adopting appropriate measures and surgical procedures. Due to increase in population and life expectancy, the number of new cases of Cataract is likely to increase. However, NPCB in the Ministry of Health and Family Welfare is committed to reduce the burden of avoidable blindness in the country including blindness due to cataract to 0.3% by the year 2020 by adopting the following strategies:.

â€¢ Decentralized implementation of NPCB through State/District Health Societies for close monitoring and supervision;

â€¢ Reduction in the backlog of blind persons by active screening of population above 50 years, organizing eye screening camps and transporting operable cases to fixed eye-care facilities for operation/treatment;

â€¢ Involvement of private practitioners in eye care services;

â€¢ In-service training to eye surgeons in various fields of ophthalmology to refresh and develop clinical and surgical skills including Cataract;

â€¢ Strengthening/developing of eye-care infrastructure at various levels to improve quantity and quality of eye-care services;

â€¢ Provision for setting up Multipurpose District Mobile ophthalmic Units in District Hospitals to improve coverage area.